



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D2230-1**  
**Job Sheet 179492**



Part No: D2230-1

Job Qty: 50 ea

Part Name: Mounting Lug



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 6/19/18

Job Tracking No:

Due Date: 6/29/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: D2230 REV.G IPP REV:C 18.02.02 REMOVE FINISH DD VERF:JFS

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation  | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|------------|--------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |            |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 110   | Purchasing | 50 pcs |            | 6/29/18  | 0.00      | 0.00    | Purchasing            |           | AT 18/06/18 |
| 120   | Packaging  | 50 pcs |            | 6/29/18  | 0.00      | 0.00    | Packaging2            |           | AT 18/06/18 |
| 130   | QC         | 50 pcs |            | 6/29/18  | 0.00      | 0.00    | QC6                   |           | 10 18-06-18 |
| 180   | Packaging  | 50 pcs |            | 6/29/18  | 0.00      | 0.00    | Packaging3            | 57501 88  | JUL 05 2018 |
| 190   | QC21-SA    | 50 Ea  |            | 6/29/18  | 0.00      | 0.00    | QC21                  |           | JUL 05 2018 |

Part Op 110 - Issue P/O to Metec: 60402 73 Manufacture as per dwg C of C is required  
Descriptions: 120 - Ensure C of C is attach

### Job BOM

| Part / Item | Component Name | Quantity             | Operation      | Container |
|-------------|----------------|----------------------|----------------|-----------|
| D2230-1P    | Lug            | 50 pcs (1 ea)        | 110-Purchasing | 585006    |
| D2423       | Lug Extrusion  | 3.4150 ft (.0683 ea) | 110-Purchasing | 585016    |

### Job Allocations

| Operation      | Component Part | Required | Inventory | Allocated |
|----------------|----------------|----------|-----------|-----------|
| 110-Purchasing | D2230-1P       | 50       | 0         | 0         |
|                | D2423          | 3        | 669       | 0         |

### Part Specifications

| Spec No | Description  | Target/Tolerance    | Limits         | Type | Special Comments |
|---------|--------------|---------------------|----------------|------|------------------|
| 1       | Mounting Lug | 4.450Inches ± 0.010 | 4.460<br>4.440 |      |                  |
| 2       | Mounting Lug | 0.306Inches ± 0.010 | 0.316<br>0.296 |      |                  |
| 3       | Mounting Lug | 0.345Inches ± 0.010 | 0.355<br>0.335 |      |                  |
| 4       | Mounting Lug | 0.400Inches ± 0.010 | 0.410<br>0.390 |      |                  |
| 5       | Mounting Lug | 0.250Inches ± 0.010 | 0.260<br>0.240 |      |                  |
| 6       | Mounting Lug | 3.700Inches ± 0.010 | 3.710<br>3.690 |      |                  |
| 7       | Mounting Lug | 0.750Inches ± 0.010 | 0.760          |      |                  |

# WORK ORDER NON-CONFORMANCE / UPDATE



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only

|                                                                             |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                            |  |
|-----------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| <b>Work Order:</b> _____<br><b>Part No.:</b> _____<br><b>NCR No.:</b> _____ |  | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermofforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/> |  | Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |  |
| <b>Date:</b> _____                                                          |  | <b>Step #:</b> _____                                                                                                                                                           |  | <b>QTY Effective:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>MRB (QS1042) Approval</b>                                                                               |  |
| <b>Description Work Order Deviation</b>                                     |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                            |  |
| Completed By _____                                                          |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                            |  |
| Lead hand / Supervisor Approval Verification _____                          |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                            |  |
| QC / QA Coordinator Approval _____                                          |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                            |  |

  

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Root Cause</b><br>Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> |  | No Re-Operate <input type="checkbox"/><br>Offset/5 <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Te <input type="checkbox"/><br>Poor Infor <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> |  | ss/Surge <input type="checkbox"/><br>ram <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |  | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Mistread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

**DART AEROSPACE**

Container No: S085021

Part: D2230 - 1

Job No: 179492

Serial No/Batch: S085021

Revision: \_\_\_\_\_

Inspector: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Instructions: \_\_\_\_\_

Date: 06/27/16

Dart Aerospace Ltd.  
 1270 Aberdeen Street  
 Hawkesbury, ON K6A 1K7  
 CANADA  
 TEL : 1 613 632 - 5200  
 Email: sales@dartaero.com  
 www.dartaerospace.com

|    |              |                                |                |          |
|----|--------------|--------------------------------|----------------|----------|
|    |              |                                | 0.740          |          |
| 8  | Mounting Lug | 0.257Inches + 0.005<br>- 0.000 | 0.262<br>0.257 | Diameter |
| 9  | Mounting Lug | 1.910Inches ± 0.010            | 1.920<br>1.900 |          |
| 10 | Mounting Lug | 1.200Inches ± 0.010            | 1.210<br>1.190 | Radius   |
| 11 | Mounting Lug | 0.375Inches ± 0.010            | 0.385<br>0.365 |          |
| 12 | Mounting Lug | 0.273Inches ± 0.010            | 0.283<br>0.263 |          |

Plex 6/19/18 3:19 PM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QS1042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER PO040273

**Supplier:** MEM001-VC  
Metec Metal Technology Inc.  
20 Terry Fox Drive PO Box 781  
Vankleek Hill  
ON  
K0B 1R0 Canada  
Phone: 613 678 3957  
Fax: 613 678 3956

**Attention:** Walz, Shigi

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**PO No:** PO040273  
**PO Date:** 6/20/18  
**Due Date:** 7/4/18  
**Purchase Order  
Revision:**  
**Revision Date:**  
**Ship-To Contact:** Phone:

**Via:** Ground  
**Pynt Terms:** Net 60  
**Freight Terms:**  
**Special Comments:**

**E-MAILED**  
JUN 21 2018  
Conf ✓

## Items

| Line Item | Job    | Part     | Supplier Part No | Item No | Description                                                              | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD)           | Extended Price |
|-----------|--------|----------|------------------|---------|--------------------------------------------------------------------------|--------|----------|----------------|-------------------|---------|----------------------------|----------------|
| 1         | 179492 | D2230-1P |                  |         | Lug<br>As Per Dwg D2230 Rev.<br>G<br>Alodine and Paint as per<br>QSI 005 | Firmed | 7/4/18   | 50 pcs         | 0 pcs<br>50x      | 50 pcs  | \$16.10/pcs<br>At 18/04/27 | \$805.00       |

**Grand Total:** \$805.00

## Order Notes

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

### Procurement Quality Clauses

A005 RIGHT OF ENTRY

A007 FIRST ARTICLE INSPECTION (FAI) BY SELLER, (DOCUMENTATION MAINTAINED BY SUPPLIER)

A012 CHEMICAL AND PHYSICAL TEST REPORTS

A016 PERSONNEL QUALIFICATION

A017 RAW MATERIAL IDENTIFICATION (AS APPLICABLE)

A026 CERTIFICATION OF MATERIAL CONFORMANCE

A041 QUALITY MANAGEMENT SYSTEM

A042 DART NOTIFICATION BY SUPPLIER

A043 RETENTION OF QUALITY DOCUMENT

A048 COUNTERFEIT PARTS AVOIDANCE, DETECTION, MITIGATION AND DISPOSITION PROGRAM

A049 SUPPLIER AWARENESS

Plex 6/20/18 3:56 PM dart.baker.diap



20 Terry Fox Drive  
Vankleek Hill, Ontario K0B 1R0 , Canada  
Tel: (613) 678-3957  
Fax: (613) 678-3956

**Delivery Slip No.:** 22522  
**Date:** Jun 26, 2018  
**Page:** 1

|                                                                                                          |                                                                                                   |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Sold to:</b><br><br><b>Dart Aerospace Ltd.</b><br>1270 Aberdeen Street<br>Hawkesbury, Ontario K6A 1K7 | <b>Ship to:</b><br><br>Dart Aerospace Ltd.<br>1270 Aberdeen Street<br>Hawkesbury, Ontario K6A 1K7 |
| <b>Order No.:</b> PO040273                                                                               | <b>Sold By:</b> Walz, Christian D.                                                                |
| <b>Shipped By:</b> pick up                                                                               | <b>Ship Date:</b> Jun 26, 2018                                                                    |

| Description                                                                                                                                                                                                             | Bin Loc | Unit | Quantity ordered          | Quantity shipped | Quantity on B/O |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|---------------------------|------------------|-----------------|
| D2230-1 Mounting Lug<br>alodined and painted as per QSI 005                                                                                                                                                             |         | Each | 50                        | 50               |                 |
| <small>The delivered goods must be inspected upon receipt to confirm compliance.<br/>Should there be discrepancies please notify METEC within 30 days of delivery.<br/>The goods are otherwise deemed accepted.</small> |         |      |                           |                  |                 |
| Received by _____                                                                                                                                                                                                       |         |      | Thank you for your order! |                  |                 |





20 Terry Fox Drive, Vankleek Hill, Ontario K0B 1R0

Tel. (613) 678-3957 & (613) 678-2782 Fax (613) 678-3956 [metec@metec.ca](mailto:metec@metec.ca)

## CERTIFICATE OF CONFORMITY

SOLD TO:

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, Ont.  
K6A 1K7

SHIPPED TO:

same

| <u>QUANTITY</u> | <u>PART NUMBER</u>                                        | <u>PART NAME</u> | <u>P.O. NUMBER</u> |
|-----------------|-----------------------------------------------------------|------------------|--------------------|
| 50              | D2230-1<br>Paint Batch # 22079 / Material Batch # 1160522 | Mounting Lug     | 40273              |
|                 | MATERIAL: supplied by DART                                |                  |                    |

We hereby certify that the above parts were made in conformance with applicable drawings.

*METEC Metal Technology Inc.*

Heather Nixon

Vankleek Hill, June 27, 2018